



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 9490

<b>SERIAL NUMBER</b> 09/371,648	<b>FILING DATE</b> 08/10/1999 <b>RULE</b>	<b>CLASS</b> 800	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 265036600070
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## APPLICANTS

RYUZO YANAGIMACHI, HONOLULU, HI;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/096,078 08/11/1998  
AND CLAIMS BENEFIT OF 60/133,970 05/13/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
08/31/1999

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> HI	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

BARBARA E ARNDT  
JONES DAY REAVIS & POGUE  
NORTH POINT  
901 LAKESIDE AVENUE  
CLEVELAND, OH 44114

## TITLE

MAMMALIAN TRANSGENESIS BY INTRACYTOPLASMIC SPERM INJECTION

<b>FILING FEE RECEIVED</b> 843	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

SERIAL NUMBER 19/371,648	FILING DATE 08/10/99	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 265036600070
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APPLICANT

RYUZO YANAGIMACHI, HONOLULU, HI.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED PROVISIONAL APPLICATION NO. 60/096,078 08/11/98  
 VERIFIED PROVISIONAL APPLICATION NO. 60/133,970 05/13/99

PP

PP

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

PP

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

PP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/31/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY HI	SHEETS DRAWING 3	TOTAL CLAIMS 21
Verified and Acknowledged <u>PP</u> Examiner's Initials		Initials <u>PP</u>		

ESS

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TITLE

MAMMALIAN TRANSGENESIS BY INTRACYTOPLASMIC SPERM INJECTION

FILING FEE RECEIVED  \$843	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:
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